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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/699,212 Confirmation No.: 2780  
Applicant : David R. Hennings, et al.  
Filing Date : October 30, 2003  
Title : Endovenous Closure of Varicose Veins with Mid Infrared Laser  
Group Art Unit : 3739  
Examiner : David M. Shay  
Docket No. : 15487.4002  
Customer No. : 34313

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated September 22, 2005.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
	Fee	\$0.00

If an additional extension of time is required, please consider this a petition therefor.

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#### CERTIFICATE OF MAILING 37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: November 22, 2005

  
Sally Hartwell

Applicant : David R. Hennings, et al.  
Appl. No. : 10/699,212  
Examiner : David M. Shay  
Docket No. : 15487.4002

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

A.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
 Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
B.  Payment Enclosed  
 Check  Credit Card  Money Order  Other

Total Claims	44	-	34	=	10	x	\$50.00	\$500.00
Independent Claims	4	-	3	=	1	x	\$200.00	\$200.00
Application Size Fee ( <small>\$250 for each additional 50 sheets or fraction thereof</small> )		-	100	=	100	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>					\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								<b>\$700.00</b>
Reduction by $\frac{1}{2}$ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								$\frac{1}{2}$ <b>\$350.00</b>
Extension of Time (from above)								<b>\$0.00</b>
Assignment -- \$40 (if applicable)								<b>\$0.00</b>
<b>TOTAL FEES SUBMITTED HEREWITH</b>								<b>\$350.00</b>

Respectfully submitted,

Dated: November 22, 2005

By:



James W. Geriak  
Reg. No. 20,233

Orrick, Herrington & Sutcliffe LLP  
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Customer Number: 34313



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RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action dated September 22, 2005 please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

11/28/2005 HMARZI1 00000026 150665 10699212  
01 FC:2201 100.00 DA  
02 FC:2202 250.00 DA

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37 CFR §1.8

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Dated: November 22, 2005

Sally Hartwell